

SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT BOARD OF TRUSTEES:  
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## THREE EASY WAYS TO REGISTER



### ONLINE

Beginning April 9

Go to:  
www.123getsmart.com



### BY PHONE

Beginning April 9

Call:  
949/451-5555  
M-F 9:00 am-5:00 pm  
*Closed 12:30-1:30 pm for lunch*



### BY MAIL

After April 9

Send form  
and payment to:  
IVC Emeritus Institute  
5500 Irvine Center Drive Irvine, CA 92618

## REGISTRATION FORM

Receipts sent by request

Payee Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Daytime telephone # \_\_\_\_\_

E-mail \_\_\_\_\_

Participant Name If Different from Payee	Birth Date	Class Name and Number	Fee

Check # (made payable to IVC) \_\_\_\_\_

Would you like a receipt? (circle one)    Yes    No

Office use only \_\_\_\_\_

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Other \_\_\_\_\_

### GENERAL PURPOSE LIABILITY WAIVER RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of accepting this registration, I hereby release, indemnify, and hold harmless South Orange County Community College District and its officers, clients, agents or employees from any and all claims, damages, or losses caused by the negligent or intentional acts or omissions of the SOCCCD's officers, clients, agents or employees that result in bodily injury, property damage or any other injury or loss to myself (and to any minor children for whom I have the capacity to contract) arising out of the participation in this program or other classes sponsored by Irvine Valley College, for a calendar year, enrolled in by me (and by any minor children for whom I have the capacity to contract). I hereby give permission to IVC to videotape or photograph me or my children participating in the programs for use in future marketing, publicity, and advertising on behalf of Irvine Valley College, The Irvine Valley College Foundation, and/or the South Orange County Community College District and understand that I will not receive any compensation for such use. I further hold harmless IVC, the IVC Foundation, or the SOCCCD for any unintentional misuse or misrepresentation of any video or photographic image as part of the above-mentioned uses. I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AS IT APPLIES TO MYSELF.

Signature of Participant (If participant is under 18, a parent or guardian must sign): \_\_\_\_\_

Date \_\_\_\_\_

Participant Name: \_\_\_\_\_

Emergency Contact/Relationship (Kids Kollege Program): \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_